

Specialty Lines

UNDERWRITERS

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APPLICATION FOR ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY POLICY (Claims Made Coverage)

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. Attach copy of your firm's brochure. THIS IS IMPORTANT.
4. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Name of applicant: _____
(If partnership or corporation, show firm)
- b. Address: _____
Street City State Zip Code
- c. Address of all Branches: _____
Street City State Zip Code
Street City State Zip Code
- d. When was firm established?: _____
- e. Number of Employees: Full time _____ Part time _____ Total _____
- f. Is the firm: [] Corporation? [] Partnership? [] Individual? [] _____
- g. During the past five years, has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? [] Yes [] No. If yes, please give full details: _____

- h. Coverage Requested: Limits _____ Deductible _____

2. APPLICANT OPERATIONS

- a. Please indicate the approximate percentage of the professions in which your firm is engaged. (To equal 100%). Exclude services performed by subcontractors.

Architects _____%	Land Surveying _____%	Environmental Engineering _____%
Civil Engineering _____%	Landscape Architecture _____%	Structural Engineering _____%
Electrical Engineering _____%	Interior Design _____%	Soil Engineering _____%
Mechanical Engineering _____%	Process Engineering _____%	Testing Lab _____%
HVAC Engineering _____%	Construction Management _____%	Other (Specify below) _____%

- b. Is the applicant involved in any of the following services? If "yes", please explain below and indicate fees for current and/or next year(s):
- (i) Environmental studies, reports, assessments or audits..... [] Yes [] No
- (ii) Remedial investigations and studies..... [] Yes [] No
- (iii) Waste site selection evaluation..... [] Yes [] No
- (iv) Preparation and submission of environmental permits..... [] Yes [] No
- (v) Hazardous and/or non-hazardous waste treatment, processing, incineration or disposal..... [] Yes [] No
- (vi) Asbestos abatement..... [] Yes [] No

Please indicate the type and approximate percentage of work under each heading:

- c. Scope of Services (to equal 100%)
- (i) Design with construction observation _____%
 - (ii) Design without construction observation _____%
 - (iii) Construction observation without design _____%
 - (iv) Studies, reports and services not resulting in construction _____%

Please indicate the type and approximate percentage of work under each heading:

- d. Types of Services (to equal 100%)
- (i) Master planning _____%
 - (ii) Foundation design _____%
 - (iii) Geotechnical services _____%
 - (iv) Alternations _____%
 - (v) Machinery/product design _____%
 - (vi) Forensic/expert witness _____%
 - (vii) Building inspection/certification _____%
 - (viii) Other _____%

Please indicate the type and approximate percentage of work under each heading:

- e. Types of Projects (need not equal to 100%)
- | | |
|---|---|
| (i) Single family dwellings _____% | (xi) Parking structures _____% |
| (ii) Condominiums _____% | (xii) Roads/highways _____% |
| (iii) Apartments _____% | (xiii) Bridges, dams, or tunnels _____% |
| (iv) Hotels, motels or resorts _____% | (xiv) Sewage or waste disposal systems _____% |
| (v) High-rise buildings _____% | (xv) Wastewater treatment plants _____% |
| (vi) Educational facilities _____% | (xvi) Power plants _____% |
| (vii) Religious facilities _____% | (xvii) Industrial/manufacturing _____% |
| (viii) Commercial/shopping centers _____% | (xviii) Petrochemical, chemical _____% |
| (ix) Hospitals/health care _____% | (xix) Offshore & marine structures _____% |
| (x) Recreational/sports facilities _____% | (xx) Other _____% |

f. Does the Applicant foresee any substantial changes in the percentages of Items (c), (d) or (e) above during the next twelve months? [] Yes [] No. If yes, please give details: _____

g. Fees and Construction Values - (For design firms only)

Dates	Estimate for coming year From _____ to _____	Present 12 months From _____ to _____	Previous 12 months From _____ to _____
Domestic Operations			
(i) Construction values	_____	_____	_____
(ii) Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures)	_____	_____	_____
Foreign Operation			
(i) Construction Values	_____	_____	_____
(ii) Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures)	_____	_____	_____

h. Construction values - For firms who both design and construct.

	Dates	Estimate for	Present 12 months	Previous 12 months
		coming year	From _____ to _____	From _____ to _____
(i) All operations		From _____ to _____	From _____ to _____	From _____ to _____
(ii) Design/Construct		From _____ to _____	From _____ to _____	From _____ to _____
(iii) Design only - no construction		From _____ to _____	From _____ to _____	From _____ to _____
(iv) Construction only - no design		From _____ to _____	From _____ to _____	From _____ to _____

i. What percentage of the Applicant's practice involves any of the following:

- (i) Subletting of work to others? _____%. Type of work sublet? _____
- (ii) Is evidence of insurance from consultants required? [] Yes [] No

j. Equity Interest:

Does the applicant provide professional services on projects in which he retains ownership interest (BASIC POLICY EXCLUDES COVERAGE FOR THESE PROJECTS)? [] Yes [] No. If coverage is desired, please request equity interest supplement form.

k. Does any one contract or client represent more than 50% of annual work? [] Yes [] No. If yes, please describe:

l. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, manufacturing, or fabrication? [] Yes [] No. If yes, please give details: _____

m. Is the Applicant controlled, owned or associated with any other Firm, Corporation or Company? [] Yes [] No. If yes, please describe: _____

n. Does the Applicant work with other firms in Joint Ventures? [] Yes [] No

BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES. If coverage is desired, please request joint venture supplement form.

3. APPLICANT STAFF

a.	Name of Owner, Partner or Officer	Educational Qualifications	Date and Place Acquired	How Long with firm
	_____	_____	_____	_____
	_____	_____	_____	_____

b. Total Personnel: (Including those listed in item 3 (a) above: _____

- (i) Number of Engineers, Surveyors & Architects _____
- (ii) Number of Fieldmen (rodmen, chainmen, etc.) _____
- (iii) Number of Draftsmen, Technicians _____
- (iv) Number of clerical and acctg. employees _____

c. States in which licensed:

d. Foreign Work? [] Yes [] No If yes, please give full details: _____

e. Have any of those listed in item 3(a) above ever been the subject of disciplinary action by authorities as a result of their professional activities? [] Yes [] No. If yes, please describe: _____

f. What professional Associations does the Applicant belong to? _____

g. Are any of the individuals named in item 3 (a) above owners, officers or employees of firms engaged in actual construction, manufacturing or fabrication? [] Yes [] No. If yes, please give details: _____

4. APPLICANT HISTORY

a. Please detail Architects & Engineers Professional Liability Insurance during PAST FIVE YEARS: Show current policy and four prior years.

	<u>Insurance Company</u>	<u>Policy No.</u>	<u>Limits</u>	<u>Deductible</u>	<u>Policy Period</u>
(i)	_____	_____	_____	_____	_____
(ii)	_____	_____	_____	_____	_____
(iii)	_____	_____	_____	_____	_____
(iv)	_____	_____	_____	_____	_____
(v)	_____	_____	_____	_____	_____

b. Date UNINTERRUPTED insurance began: _____

c. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy? [] Yes [] No. If yes, please give details:

<u>Insurance Company</u>	<u>Type of Coverage</u>	<u>BI</u>	<u>Limits</u>	<u>PD</u>	<u>Effective From</u>	<u>To</u>
_____	_____	_____	_____	_____	_____	_____

d. Has any application for Architects & Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been canceled or renewal refused? [] Yes [] No. If yes, please give details: _____

e. Has any claim ever been made against the firm or any persons named in item 1(a) or item 3(a)? [] Yes [] No. If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

f. Is the applicant aware of any circumstances which may result in any claim against him, the firm, his predecessors in business, or any of the present or past Partners or Officers? [] Yes [] No. If yes, please give full details on the same basis as item 4(e) above.

h. Please attach list of 10 largest jobs in the last five years. Detail: 1) project name; 2) type of structure; 3) services performed; and 4) construction values.

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD.

REPRESENTATION: I/We represent that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company/Underwriters evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Specialty Lines Underwriters, Underwriting Manager for the Company/Underwriters.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

ATTACH COPY OF BROCHURE